

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589 297 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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11						
12						
13						
14			1			
15				1		
16					1	
17			2	1		
18					1	
19				1		
20					1	
21					1	
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TOTAL IND.			1	1		
TOTAL DEP.			12	12		
TOTAL CLAIMS			13	13		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1		
TOTAL DEP.			12	12		
TOTAL CLAIMS			13	13		